

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: <b>U-8544</b>	2. Fiscal Year Covered From: <b>1 / 1 / 04 through 12 / 31 / 04</b>
3. Name and address of person filing.  Name <b>Louis R. Gilberti, Jr.</b>  P.O. Box, Bldg., Room No., if any  Street <b>832 Old Thorn Run Rd.</b>  City <b>Corona Park</b>  State <b>Pa.</b> ZIP Code + 4 <b>15108</b>	4. Name, file number, and address of labor organization.  Name <b>Greater Pa. Regional Council of Carpenters</b>  Labor Organization File Number <b>035-030</b>  P.O. Box, Building and Room Number, if any  Street <b>495 Mansfield Ave.</b>  City <b>Pittsburgh</b>  State <b>Pa.</b> ZIP Code + 4 <b>15205-1376</b>
5. Position in labor organization. <b>Council Rep. - Pension Trustee</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <b>PA</b>  Street _____  City _____  State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income.  _____  <b>N/A</b>
7.b. Amount.  _____	_____

Signature

8. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed **Louis R. Gilberti, Jr.**

On **8-11-05** Telephone Number **412-292-3074**  
Date

Name of Person Filing Louis R. Gilberti

File Number U.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name PNC Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 620 Liberty Ave.

Street 620 Liberty Ave.

City Pitts.

State Pa.

ZIP Code + 4 15222

## 9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater Pa. Carpenters Pension Fund.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 495 Mansfield Ave.

City Pitts.

State Pa.

ZIP Code + 4 15205

## 11.a. Nature of such dealing.

Investments

## 11.b. Approximate dollar value of such dealing.

Lunch	34.50
Golf	297.34
Dinner	86.34
Total	418.18

## 12.b. Amount.

418.18

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

N/A

13.b. Is the Business an Employer or Consultant 

?

## 14.b. Amount of payment.

\_\_\_\_\_

Name of Person Filing Louis R. Gilberti

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Victory Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 5th Flr.

Street 50 Fountain Plaza

City Buffalo New York

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater Pa. Carpenters Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 495 Mansfield Ave.

City Pitts.

State Pa.

ZIP Code + 4 15205

11.a. Nature of such dealing.

Investments

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

18 holes of Goff 150.00

12.b. Amount.

150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

W.H.

13.b. Is the Business an Employer or Consultant  ?

14.b. Amount of payment.

150.00

Name of Person Filing Louis R. Gilberti

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Victory Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: 5th Flr.

Street: 50 Fountain Plaza

City: Buffalo New York

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

10. If b.b. or c.c. is checked give trust or employer's name.

Name: Greater Pa. Carpenters Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 495 Mansfield Ave.

City: Pitts.

State: Pa.

ZIP Code + 4: 15205

11.a. Nature of such dealing.

Investments

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

18 holes of Golf 150.00

12.b. Amount.

150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City

State

ZIP Code + 4

14.a. Nature of payment.

W.H.

13.b. Is the Business an Employer or Consultant 

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Yankee PartnersTrade Name, if any: P.O. Box, Bldg., Room No., if any      Suite 3000Street 310 Grant StreetCity Pitts.State Pa.ZIP Code + 4 15219 - 2302

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater Pa. Carpenters Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any: Street 495 Mansfield Ave.City Pitts.State Pa.ZIP Code + 4 15205

## 9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

## 11.a. Nature of such dealing.

INVESTMENTS

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

18 holes Golf  
Lunch  
Dinner12.b. Amount. EST. \$25.00

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 

## 14.a. Nature of payment.

WA13.b. Is the Business an Employer  or Consultant  ?14.b. Amount of payment.

Name of Person Filing <u>Louis R. Gilberti</u>		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: <u>CJ</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization <u>CJ</u></p> <p><input type="checkbox"/> b. Trust <u>CJ</u></p> <p><input type="checkbox"/> c. Employer <u>CJ</u></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>11.a. Nature of such dealing. <u>CJ</u></p> <p>11.b. Approximate dollar value of such dealing. <u>CJ</u></p>
		<p>12.a. Nature of interest held or income received. <u>CJ</u></p> <p>12.b. Amount. <u>CJ</u></p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <u>Landau Building Company</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>9855 Ridaman Road</u></p> <p>City: <u>Wexford</u></p> <p>State: <u>Pa.</u> ZIP Code + 4: <u>15090</u></p>		<p>14.a. Nature of payment. <u>Trap shooting</u></p> <p>14.b. Amount of payment. <u>\$48.00</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		